

In the United States Patent and Trademark Office

Serial Number: _____

Appn. Filed: _____

Applicant(s): LAWRENCE P. CONROY

Appn. Title: INTEGRATED FRAMING SYSTEM

Examiner/GAU: _____

Mailed: _____

At: _____

Petition to Make Special

Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Applicant hereby respectfully petitions that the above application be made special under MPEP Sec. 708.02 for the following reason; attached is a declaration in support thereof:

- | | |
|---|---|
| I. <input type="checkbox"/> Manufacturer Available;* | VII. <input type="checkbox"/> Recombinant DNA Is Involved;* |
| II. <input type="checkbox"/> Infringement Exists;* | VIII. <input type="checkbox"/> Special Procedure: Search Was Made;* |
| III. <input type="checkbox"/> Applicant's Health Is Poor; | IX. <input type="checkbox"/> Superconductivity Is Advanced; |
| IV. <input checked="" type="checkbox"/> Applicant's Age Is 65 or Greater; | X. <input type="checkbox"/> Relates to HIV/AIDS or Cancer;* |
| V. <input type="checkbox"/> Environmental Quality Will Be Enhanced; | XI. <input type="checkbox"/> Counters Terrorism.* |
| VI. <input type="checkbox"/> Energy Savings Will Result; | |

* ☐ Also attached, since reason I, II, VII, VIII, X or XI has been checked, is the \$ _____ Petition
Fee pursuant to
Rules 102 and 17(i).

Very respectfully,

Applicant(s): Lawrence P. Conroy date of birth 9/9/1928

Attachment(s): Fee if indicated and supporting Declaration

Applicant(s): _____

c/o: _____

Telephone: 847-864-2752

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State
aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the
attached is a true and correct copy of the original Record on file, all of which appears from
the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the Seal of the County of Cook, at my office in the City of
Chicago, in said County.

Stanley T. Kasper, Jr.

County Clerk

MAY 5 1968

STATE OF ILLINOIS
Department of Public Health - Division of Vital Statistics

CERTIFICATE OF BIRTH

Registered No. 40797

1. PLACE OF BIRTH
County of Cook, State of Illinois
City of Chicago, Illinois
Ward No. 4

2. FULL NAME OF CHILD
First Name: George
Middle Name: Peter
Last Name: Conroy

3. SEX OF CHILD
Male

4. DATE OF BIRTH
Date of Birth: Sept. 9, 1934
Date of Birth: 1934

5. AGE AT LAST BIRTHDAY
Age at last birthday: 42 years

6. COLOR
Color: White

7. BIRTHPLACE
Birthplace: Poland

8. OCCUPATION
Occupation: Farmer

9. NUMBER OF CHILDREN OF THIS MOTHER
Number of children of this mother: 4

10. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
Name: DR. EUGENE SCHEIM
Address: 864 N. CLARK CHICAGO
Telephone: SEP 13 1928

11. I hereby certify that I attended the birth of this child, who was born alive and now living. (a) Born alive and now living. (b) Born alive and now dead. (c) Stillborn.

12. Where there is no attending physician or midwife, then the father, mother, or household, etc., shall make this return. See Sec. 12, vital statistics law.

13. Given name added from a pupple-mental report

24. Filed 15 1928

25. Post Office Address

County Clerk

Stanley T. Kusper

affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

I, STANLEY T. KUSPER, J.R., County Clerk of the County of Cook, in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

MAY 5 1968

State of Illinois—Department of Public Health—Division of Vital Statistics
V. & H. 14-A
CERTIFICATE OF CORRECTION Reg. No. 40797
Name Lorence Peter Conroy (As appears on Certificate)
Place of Birth County of Cook
Chicago (City, Village, Township or Road District) 1434 North Park Street or Hospital
Sex M Date of Birth 9 / 9 / 19
(Month) (Day) (Year)
I hereby certify that Item No. 28 should read 1434 North Park
In place of 1434 North Park (State here the entry on original certificate)
as appears on the original certificate, and it is desired that the original certificate be corrected in conformity.
Signed Stanley T. Kusper (Type name and ink)
SEP 20 1931 (Date)
1434 North Park Street, Chicago, Ill. (Address of printer)
1434 North Park Street, Chicago, Ill. (Address of printer)